MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009752

ON THIS STUB		ENDED		Registration Distric	111111 2 4 1000			Q_Q_Registrar's No.			
' VS 300 Rev. 4/59					St. Louis	Neura		. a. STATE MO.	CE (Where deceased liv b. COUNTY	ved. If institution:	admission)
nev. 4/ 37	AMENDED			OR `	utside corporate limits, give TOW Condonwillo		Length of stay in 1b	c. CITY OR TOWN S+			Inside Limits
1,,	` ≸ ∖				Gardenville E OF (If NOT in hospital, give to		1½ Yrs.	d. STREET	• Louis	give location)	Yes No
2 21	OATE.			HOSPITAL C	OR	•	Yes 12 No 🗆	II ADDRESS	(If outside, 05 Hydraulic	· - · · · · · · · · · · · · · · · · · ·	Reside on Farm Yes No [
3		十	╡ ▮	3. NAME OF DEC		Mi	iddle	Last	4. DATE Me	onth Day	Year
	' ,			(Type or print)	JOSEPH			CUTTER] , OF ,	'eb. 17	1963
4 0	1			5. SEX	6. COLOR OR RACE	7. Married 🔀	Never Married ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)		
<u>. 5</u> /	' ,			Male	White JPATION (Give kind of work done)		USINESS OR INDUSTRY	9-25-1893	69 Lity and state or country)		1
6	SWS			Profess	stonal" bondshan	<u> </u>		Russia		U.S.A.	
7 2	FOLLOW		1	13a. FATHER'S NAM		1	THER'S MAIDEN NAME	E	1	HUSBAND OR WIFE	
8 4 1	- 1 1 1		1	Samuel		Sar	ah Unknown	17 (MEARMANIC	Marie C		
	&		1	15. WAS DECEASI (Yes, no, or unknov	SED EVER IN U.S. ARMED FORCE Down) (If yes, give war or dates NONE	_		17: INFORMANT	- linne m a	Address	
94200	# W					er line tor (a) 155 **		marle Cutt	er 4005 Hydr	INT	TERVAL BETWEEN
10	▼		Ä	CAUSE OF	F DEATH (Enter only one cause p PART I. DEATH WAS CAUSED B	BY:	Time of	rotes. N.	244:	I A LA ON	ISET AND DEATH
11	CORD		DOCUMEN		IMMEDIATE CAUSE	(a)	- vouce	rote Si eculor (and the	10	
			ğ		Conditions, if any,) DUE TO	(b) Cesa	wal You	eculor 1	Leviden	X	74m
286-0	INSTE				which gave rise to above cause (a), stating the under-lying cause last.				4000		
	NO O				PART II. OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEATH	H but not related to	the terminal PART	III. If deceased w	was female wa
77 (7)	I			Y Y	disease condition give	m in raki i (a)		• •		Yes N	
0 0	AMENDMENTS			19. WAS AUTO PERFORME YES No	IED?	IDE HOMICIDE	20b. DESCRIBE HO)	W INJURY OCCURRED.	. (Enter nature of injury i		
Į.	= 1	1	1								
_	每		, -	₹ 20c. TIME OF	Hour Month, Day, Year					•	
y 8	AMEN			20c. TIME OF	Hour Month, Day, Year a.m. p.m.					<u></u>	
N N N	AMEN			ZOd: INJURY O	a.m. p.m.	CE OF INJURY (e.g., n, factory, street, offic	in or about home, ice bldg., etc.)	20f. CITY, TOWN, OR		COUNTY	STATE
K INK RIBBG				20d: INJURY O WHILE AT NOT WHI	a.m. p.m. OCCURED AT WORK 20e. PLACE form	7- 27- 5	in or about home, ice bldg., etc.)			,	
BLACK INK OR RITER RIBBC	READ			20d: INJURY O WHILE AT NOT WHI	e.m. p.m. OCCURRED AT WORK RILE AT WORK d the deceased from.	CE OF INJURY (e.g., n, factory, street, office)	ice bldg., etc.)	17-63_and	LOCATION I last saw her alive on and to the best of my kn	2-/6-	63
BLACK INK OR RITER RIBBC	READ		ŭ	20d: INJURY O WHILE AT NOT WHI	a.m. p.m. OCCURRED AT WORK RILE AT WORK d the deceased from	7- 27- 5	ice bldg., etc.)	17-63_and	d last saw her alive on	2-/6-	63
N N N N N N N N N N N N N N N N N N N			IT OF	20d: INJURY O WHILE AT NOT WHI	a.m. p.m. OCCURRED AT WORK RILE AT WORK d the deceased from	- 27- 5 :05 P.	ice bldg., etc.)	17- 63 and the date stated above, as 22b. ADDRESS 5633	d last saw her alive on	2-/6- nowledge, from the ca	63

STATEMENT, BY LICENSED EMBALMER

•		s recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working und	er my personal supervision.	Signed Crust W. Spillars
Student		Signed Ormst W. Spillars
	Signature of Student Embelmer	
•		Licensed Embalmer No. 4080
	•	•
	•	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.